

|   |  |                         |  |  |  |   |  |   |   |  |  |  |  |  |                       |                                     |  |  |  |
|---|--|-------------------------|--|--|--|---|--|---|---|--|--|--|--|--|-----------------------|-------------------------------------|--|--|--|
| 1. DATE OF INCIDENT<br><b>10-OCT-2015</b>   |  | TIME<br><b>19:15:00</b> |  | 2. ADDRESS OF OCCURRENCE<br><b>3647 W 64TH PL CHICAGO, IL 60629</b>  |  | 3. LOCATION CODE <sup>4</sup> BEAT/OCCUR<br><b>092 0823</b> |  | 4a. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER<br><input type="checkbox"/> 03 OTHER REPT VIDEO  |   |  |  |  |  |  |                       |                                     |  |  |  |
| MEMBER INVOLVED   | 5. POSITION<br><b>9161</b>   |                         | 6. LAST NAME<br><b>GUZMAN-SANCHEZ</b>  |  | 7. FIRST NAME<br><b>ERNESTO</b>  |   | 8. STAR NO.<br><b>13383</b>  |   | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  |  | 10. RACE CODE<br><b>WWH</b>  |  | 11. AGE<br><b>507</b>                  |  | 12. HT<br><b>167</b>  |                                     |  |  |  |
|   | 14. DATE OF APPT.<br><b>17-OCT-2011</b>  |                         | 15. EMPLOYEE NO.<br><b>008</b>   |  | 16. UNIT & BEAT OF ASSIGNMENT<br><b>0824</b>   |   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   |   | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No      |  |  |  |                       |                                     |  |  |  |
| SUBJECT INFORMATION   | 20. LAST NAME<br><b>CARRIZALES</b>   |                         | 21. FIRST NAME<br><b>CESAR</b>   |  | 22. M.I.<br><b>N</b>   |   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  |   | 24. RACE<br><b>I</b>  |  | 25. D.O.B.<br><b>07-FEB-1974</b>   |  | 26. HT<br><b>511</b>                   |  | 27. WT.<br><b>195</b> |                                     |  |  |  |
|   | 28. ADDRESS<br><b>3640 W 65TH ST CHICAGO, IL 60629</b>   |                         |  |  | 29. TELEPHONE NO.  |   | 30. WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   | 31. SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |  | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |  |  |  |                       |                                     |  |  |  |
|   | 32a. IF SUBJECT INJURED, DESCRIBE INJURY<br><input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None  |                         |  |  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |   |  |   |   |  |  |  |  |  |                       |                                     |  |  |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)   | 34. BY WHOM?   |                         |  |  | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid                  |   |  |   | 37. CB NO<br><b>19202917</b>  |  |  |  | IR NO<br><input type="checkbox"/> DNA  |  |                       |                                     |  |  |  |
|   | 30. CHARGES PLACED<br><b>720 ILCS 5.0/21-1-A-1, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4</b>  |                         |  |  |  |   |  |   |   |  |  |  |  |  |                       |                                     |  |  |  |
| SUBJECT'S ACTIONS   | PASSIVE RESISTER   |                         | ACTIVE RESISTER  |  | ASSAILANT/ASSAULT  |   | ASSAILANT/BATTERY  |   | ASSAILANT/DEADLY FORCE  |  |  |  |  |  |                       |                                     |  |  |  |
|   | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/><br>OTHER _____  |                         | FLED <input type="checkbox"/><br>PULLED AWAY <input checked="" type="checkbox"/><br>OTHER _____  |  | IMMINENT THREAT OF BATTERY <input type="checkbox"/><br>OTHER _____   |   | ATTACK WITH WEAPON <input checked="" type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____<br>PERCEIVED AS _____          |   | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/><br>OTHER _____<br>PERCEIVED AS _____  |  |  |  |  |  |                       |                                     |  |  |  |
| MEMBER'S RESPONSE   | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input checked="" type="checkbox"/><br>WRISTFLOCK <input checked="" type="checkbox"/><br>ARMBAR <input checked="" type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/><br>LRAD WITH AUTHORIZATION <input checked="" type="checkbox"/><br>OTHER _____ |                         | OPEN HAND STRIKE <input checked="" type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input checked="" type="checkbox"/><br>TASER (ARC Cycle) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____   |   | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/><br>OTHER _____ |   | FIREARM <input type="checkbox"/><br>OTHER _____   |  |  |  |  |  |                       |                                     |  |  |  |
|   | 41. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |                         |  |  |  |   |  |   |   |  |  |  |  |  |                       |                                     |  |  |  |
| WEAPON DISCHARGE INCIDENT   | 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |                         |  |  | 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY<br><input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |   |  |   | 40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?<br><input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member   |  |  |  |  |  |                       |                                     |  |  |  |
|   | 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER   |                         |  |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |   |  |   | 43. LIGHTING CONDITIONS<br><input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk<br><input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |  |  |  | 44. WEATHER CONDITIONS<br><b>CLEAR</b> |  |                       |                                     |  |  |  |
| 45. MAKE/MANUFACTURER   |  |                         |  | 46. MODEL  |  |   |  | 47. BARREL LENGTH   |   |  |  | 48. CALIBER/GAUGE  |  |  |                       |                                     |  |  |  |
| 49. TASER DART ID NO.   |  |                         |  | 50. WEAPON SERIAL NO. (Include Letters)  |  |   |  | 51. CHICAGO GUN REG. NO.  |   |  |  | 52. IL FIREARM OWNER ID. NO.   |  |  |                       | 53. HANDGUN CERTIFICATE NO.         |  |  |  |
| 54. SPECIAL WEAPON CERTIFICATE NO.  |  |                         |  | 55. PROPERTY INVENTORY NO.   |  |   |  | 56. TYPE OF AMMUNITION USED   |   |  |  | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.  |  |  |                       | 58. TOTAL NO. OF SHOTS MEMBER FIRED |  |  |  |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)<br><input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER   |  |                         |  | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |  |   |  | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  |   |  |  | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) |  |  |                       |                                     |  |  |  |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW   |  |                         |  | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  |   |  | 65. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |   |  |  |  |  |  |                       |                                     |  |  |  |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)   |  |                         |  |  |  |   |  | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.   |   |  |  |  |  |  |                       |                                     |  |  |  |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE<br><input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION |  |                         |  |  |  |   |  | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |   |  |  |  |  |  |                       |                                     |  |  |  |
| 70. ADDITIONAL INFORMATION  |  |                         |  |  |  |   |  |   |   |  |  |  |  |  |                       |                                     |  |  |  |

|                         |   |                         |   |   |  |
|-------------------------|---|-------------------------|---|---|--|
| <b>CASE INFORMATION</b> | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |                         |   | <b>70. EVENT NO.</b><br><b>1528312947</b>   |  |
|                         | 40. ADDITIONAL INFORMATION<br><div style="border: 1px solid black; height: 40px;"></div>  |                         |   |   |  |
| <b>SIGNATURES</b>       | 73. REPORTING MEMBER (Print Name)<br><b>GUZMAN-SANCHEZ, ERNESTO</b><br><b>10-OCT-2015 22:08:08</b>  |                         | STAR/EMPLOYEE NO.<br><b>13383</b>   | SIGNATURE<br><div style="background-color: black; width: 100px; height: 20px;"></div> | <b>71. R.O. NO.</b><br><b>HY457172</b> |
|                         | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.  |                         |   |   |  |
|                         | 74. REVIEWING SUPERVISOR (Print Name)<br><b>TULLY, SEAN F</b>   | STAR NO.<br><b>1090</b> | SIGNATURE<br><div style="background-color: black; width: 100px; height: 20px;"></div> | DATE REVIEWED    TIME<br><b>10-OCT-2015 22:11:24</b>                                  |  |

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

The R/Lt. finds that the Officers followed the Use of Force model in dealing with an active resister.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

MACIEJEWSKI JR, JOHN A

### 80.

TRR

OF

TRR(S)

### 81. TOTAL TRR'S THIS EVENT No.

2

SIGNATURE

DATE COMPLETED

TIME

10-OCT-2015 22:37:00